



# Pregnancy Related Issues in the Management of Addiction

## COMMUNITY WORKSHOP Evaluation Form

Family Physician    Public Health Nurse    Nurse Practitioner    Other \_\_\_\_\_

Type of practice	Full-time		Part-time			
	Solo		Group			
	Office		Hospital		Both	
	Urban		Suburban		Rural	

Program							
<i>Strongly disagree - 1</i>	<i>Disagree - 2</i>	<i>Neutral - 3</i>	<i>Agree - 4</i>	<i>Strongly agree - 5</i>			
The program was relevant to my practice			1	2	3	4	5
The program met the stated objectives.			1	2	3	4	5
The program met my expectations.			1	2	3	4	5
The program met my learning objectives.			1	2	3	4	5
I was able to interact with other participants.			1	2	3	4	5
The program was credible.			1	2	3	4	5
This program was free of commercial bias.			1	2	3	4	5
The program was well organized.			1	2	3	4	5
If there was a "social" component to the program, it did not interfere with my learning.			1	2	3	4	5
There was adequate time for questions and answers.			1	2	3	4	5

Speakers						
	<i>Strongly disagree - 1</i>	<i>Disagree - 2</i>	<i>Neutral - 3</i>	<i>Agree - 4</i>	<i>Strongly agree - 5</i>	
	Disclosure of any conflict of interest	Consistent with stated objectives	Clearly presented information	Relevant to practice	Adequate discussion time	Free of bias
Speaker:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Topic:						
Speaker:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Topic:						
Speaker:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Topic:						

Comments:

---



---



---

Your feedback is really important to us. Please take a minute to complete the following.

Describe two particularly strong features of this program

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Describe two areas of weaker features you would like to see changed:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

List two ways you will change your practice because of this program:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

General comments and suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on resoure materials and handouts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions for future workshops in your home community?  
If so, please descibe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your feedback and ideas.